

TO: Outreach Partners and Interested Parties

FROM: *Prescription Advantage*

Date: January 30, 2007

BULLETIN

This bulletin is one in a series of routine updates regarding Prescription Advantage . These notices are designed to inform a broad network of outreach partners and other interested parties about Plan updates affecting both current and future Plan members.

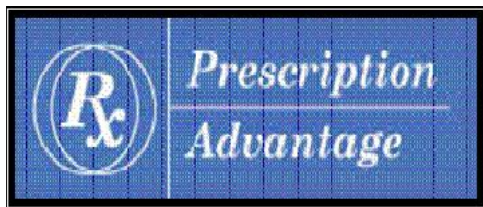
MEDICARE DRUG PLAN AND PRESCRIPTION ADVANTAGE PREMIUM GUIDE (2007)

Many Medicare prescription drug plans made changes to their monthly premiums for 2007. The attached letter and premium guide is being sent to Prescription Advantage members so that they are aware of the amount they are responsible for paying according to their membership category.

Please note, the attached cover letter is a sample of the letter that will be sent to members in category S3.

The premium guide also includes information about the Special Election Period for Prescription Advantage members which means members can join a Medicare Part D plan, or change their Medicare Part D plan, outside of the Medicare Open Enrollment Period.

Please note: This document reflects the most recent information Prescription Advantage has received from Medicare. If any changes are made by the Medicare Drug Plans or by Medicare after the printing of this document they will not be reflected.



January 2007

Dear Prescription Advantage Member:

The enclosed Medicare Drug Plan and Prescription Advantage Premium Guide for 2007 lists all Medicare drug plans available in Massachusetts for 2007 along with each plan's monthly premium. Based on your membership category, Prescription Advantage may pay a portion of your Medicare drug plan's premium.

You are currently enrolled in membership category S3.

By looking at the enclosed guide and locating your Medicare drug plan you will be able to determine how much you will pay each month for your Medicare prescription drug plan premium in 2007.

Note: The amounts on the charts do not include any late enrollment premium penalties imposed by Medicare. If you have a late enrollment penalty, you are responsible for paying the full amount of the penalty to your Medicare prescription drug plan in addition to the amount shown for your plan and category.

The enclosed guide includes Medicare Part D drug plans only. It does not include Medicare Advantage Plans or plans that offer creditable coverage. If you are enrolled in a plan not found in this guide, you should contact the plan directly for more information about your premiums.

Also included in this guide is information about your right to a Special Election Period for Medicare Part D. This means you have one more time to join or change your Medicare Part D plan before November 15, 2007. Please refer to the enclosed guide for more details.

If you have any questions, please contact Prescription Advantage Customer Service at 1-800-AGE-INFO (1-800-243-4636) or TTY (toll free) for the deaf and hard of hearing at 1-877-610-0241.

Sincerely,

Prescription Advantage

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MEDICARE DRUG PLAN AND PRESCRIPTION ADVANTAGE PREMIUM GUIDE (2007)

How to use this Guide

This Guide lists the monthly premiums for all Medicare Prescription Drug Plans (PDP) available in Massachusetts for 2007. Next to each plan is also the amount that Prescription Advantage (Massachusetts' State Pharmacy Assistance Program, or SPAP) members will pay. Please review your Medicare drug plan identification card to ensure that you are looking at the correct plan name on the enclosed charts.

NOTE: The amounts on the charts do not include any late enrollment premium penalties imposed by Medicare. If you have a late enrollment penalty, you are responsible for paying the full amount of the penalty to your Medicare prescription drug plan in addition to the amount shown for your plan and category in the enclosed chart.

Once you locate your Medicare drug plan, you will find information about the plan's monthly premium. Moving across the chart, you will find information about what you are responsible for paying based on your Prescription Advantage membership category.

This guide only shows what the monthly premium is for each plan. It does not indicate which plans cover your medications or what the plan's deductibles and co-payments are. Evaluate your choices very carefully before deciding which plan is best for you. If you need assistance evaluating different plans, please contact S.H.I.N.E. (Serving Health Information Needs of Elders) at 1-800-AGE-INFO or MassMedLine at 1-866-633-1617.

If You Have Creditable Coverage

Creditable coverage is prescription drug coverage that you may have through an employer or union and is comparable to Medicare's prescription drug coverage. Prescription Advantage will "wrap around" or supplement your creditable coverage plan by helping to pay for co-payments and coverage gaps. Prescription Advantage does not pay premiums for creditable coverage.

Prescription Advantage Members Have a Special Election Period for Medicare Part D

Members of Prescription Advantage are entitled to a one-time Special Election Period. What this means is that you can join a Medicare Part D plan, or switch your Medicare Part D plan, outside of a Medicare Open Enrollment Period.

If you would like to change your Medicare Part D plan, contact the new plan that you would like to enroll in. Make sure that you tell them that you are a member of Prescription Advantage – the State Pharmacy Assistance Program in Massachusetts and that you wish to utilize your Special Election. They will provide you with instructions regarding how to apply to their plan.

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BASIC MEDICARE DRUG PLANS – 2007 (MASSACHUSETTS)

Plan Name	Part D Total Premium	Contract ID / Plan ID	What you will pay for a monthly premium based on your Prescription Advantage membership category				
			S0	S1	S2	S3	S4/S5
AARP MedicareRx Plan-Saver	\$18.50	S5921/181	\$00.00	\$00.00	\$00.00	\$18.50	\$18.50
AARP MedicareRx Plan	\$26.30	S5820/002	\$00.00	\$00.00	\$00.00	\$20.00	\$26.30
Advantage Freedom Plan by RxAmerica	\$27.90	S5644/047	\$00.00	\$00.55	\$00.55	\$20.55	\$27.90
Advantage Star Plan by RxAmerica	\$23.20	S5644/068	\$00.00	\$00.00	\$00.00	\$20.00	\$23.20
AdvantraRx Premier	\$35.00	S5674/009	\$07.60	\$07.65	\$07.65	\$27.65	\$35.00
Aetna Medicare Rx Essentials	\$28.30	S5810/036	\$00.00	\$00.95	\$00.95	\$20.95	\$28.30
Blue MedicareRx Value	\$22.00	S2893/014	\$00.00	\$00.00	\$00.00	\$20.00	\$22.00
CIGNATURE Rx Value Plan	\$21.10	S5617/008	\$00.00	\$00.00	\$00.00	\$20.00	\$21.10
Community Care Rx BASIC	\$27.20	S5803/071	\$00.00	\$00.00	\$00.00	\$20.00	\$27.20
EnvisionRxPlus Standard	\$42.00	S7694/002	\$14.65	\$14.65	\$14.65	\$34.65	\$42.00
First Health Premier	\$27.40	S5768/038	\$00.00	\$00.05	\$00.05	\$20.05	\$27.40
Health Net Orange Option 1	\$24.30	S5678/004	\$00.00	\$00.00	\$00.00	\$20.00	\$24.30
Health Net Orange Option 2	\$29.00	S5678/010	\$00.00	\$01.65	\$01.65	\$20.00	\$29.00
HealthSpring Prescription Drug Plan -Reg 2	\$24.70	S5932/003	\$00.00	\$00.00	\$00.00	\$20.00	\$24.70
Humana PDP Standard	\$16.90	S5884/061	\$00.00	\$00.00	\$00.00	\$16.90	\$16.90
Medco YOURx PLAN	\$35.40	S5660/003	\$08.00	\$08.05	\$08.05	\$28.05	\$35.40
MedicareRx Rewards Value	\$22.10	S5960/002	\$00.00	\$00.00	\$00.00	\$20.00	\$22.10
NMHC Medicare PDP Gold	\$30.50	S8841/002	\$03.10	\$03.15	\$03.15	\$23.15	\$30.50
Prescription Pathway Bronze Plan Reg 2	\$25.20	S5597/068	\$00.00	\$00.00	\$00.00	\$20.00	\$25.20
SAMAscript	\$45.20	S7950/002	\$17.80	\$17.85	\$17.85	\$37.85	\$45.20
SilverScript	\$24.40	S5601/004	\$00.00	\$00.00	\$00.00	\$20.00	\$24.40
Sterling Rx	\$27.00	S4802/023	\$00.00	\$00.00	\$00.00	\$20.00	\$27.00
UA Medicare Part D Rx Covg - Silver Plan	\$30.40	S5755/041	\$03.00	\$03.05	\$03.05	\$23.05	\$30.40
UnitedHealth Rx Basic	\$28.00	S5921/182	\$00.00	\$00.65	\$00.65	\$20.65	\$28.00
WellCare Classic	\$13.40	S5967/139	\$00.00	\$00.00	\$00.00	\$13.40	\$13.40
WellCare Signature	\$21.50	S5967/036	\$00.00	\$00.00	\$00.00	\$20.00	\$21.50

Reminder: If you choose a Basic Medicare drug plan with a monthly premium higher than \$27.35, you are responsible for paying a portion of the premium. You are also responsible for paying Medicare's late enrollment premium penalty if you have one.

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ENHANCED MEDICARE DRUG PLANS – 2007 (MASSACHUSETTS)

Plan Name	Part D Total Premium	Contract ID / Plan ID	What you will pay for a monthly premium based on your Prescription Advantage membership category				
			S0	S1	S2	S3	S4/S5
AARP MedicareRx Plan - Enhanced	\$43.80	S5921/183	\$14.60	\$16.45	\$16.45	\$36.45	\$43.80
AdvantraRx Value	\$24.10	S5674/008	\$01.30	\$01.30	\$01.30	\$21.30	\$24.10
AdvantraRx Premier Plus	\$48.40	S5674/011	\$21.00	\$21.05	\$21.05	\$41.05	\$48.40
Aetna Medicare Rx Plus	\$42.60	S5810/138	\$15.20	\$15.25	\$15.25	\$35.25	\$42.60
Aetna Medicare Rx Premier	\$71.80	S5810/172	\$44.40	\$44.45	\$44.45	\$64.45	\$71.80
Blue MedicareRx Premier	\$45.80	S2893/003	\$19.40	\$19.40	\$19.40	\$39.40	\$45.80
Blue MedicareRx Value Plus	\$30.30	S2893/001	\$06.80	\$06.80	\$06.80	\$26.80	\$30.30
CIGNATURE Rx Complete Plan	\$39.10	S5617/172	\$18.20	\$18.20	\$18.20	\$38.20	\$39.10
CIGNATURE Rx Plus Plan	\$29.10	S5617/010	\$05.50	\$05.50	\$05.50	\$25.50	\$29.10
Community Care Rx CHOICE	\$35.60	S5803/139	\$15.10	\$15.10	\$15.10	\$35.10	\$35.60
Community Care Rx GOLD	\$43.10	S5803/219	\$23.40	\$23.40	\$23.40	\$43.10	\$43.10
EnvisionRxPlus Gold	\$60.50	S7694/036	\$33.10	\$33.15	\$33.15	\$53.15	\$60.50
First Health Select	\$39.80	S5768/050	\$12.40	\$12.45	\$12.45	\$32.45	\$39.80
Health Net Orange Option 3	\$44.10	S5678/072	\$18.80	\$18.80	\$18.80	\$38.80	\$44.10
Humana PDP Complete	\$87.40	S5884/031	\$60.00	\$60.05	\$60.05	\$80.05	\$87.40
Humana PDP Enhanced	\$25.80	S5884/002	\$12.20	\$12.20	\$12.20	\$25.80	\$25.80
MedicareRx Rewards Premier	\$42.20	S5960/072	\$13.80	\$14.85	\$14.85	\$34.85	\$42.20
Prescription Pathway Gold Plan Reg 2	\$23.20	S5597/035	\$02.30	\$02.30	\$02.30	\$22.30	\$23.20
Prescription Pathway Platinum Plan Reg 2	\$43.70	S5597/200	\$16.30	\$16.35	\$16.35	\$36.35	\$43.70
SilverScript Complete	\$37.40	S5601/073	\$09.00	\$10.05	\$10.05	\$30.05	\$37.40
SilverScript Plus	\$33.00	S5601/005	\$05.60	\$05.65	\$05.65	\$25.65	\$33.00
Sterling Rx Plus	\$52.40	S4802/035	\$31.50	\$31.50	\$31.50	\$51.50	\$52.40
UA Medicare Part D Prescription Drug Cov	\$39.80	S5755/006	\$12.40	\$12.45	\$12.45	\$32.45	\$39.80
UnitedHealth Rx Extended	\$41.10	S5820/106	\$12.80	\$13.75	\$13.75	\$33.75	\$41.10
WellCare Complete	\$36.80	S5967/070	\$18.60	\$18.60	\$18.60	\$36.80	\$36.80

Reminder: If you choose an Enhanced Medicare drug plan, you are responsible for paying a portion of the premium. You are also responsible for paying Medicare's late enrollment premium penalty if you have one.

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Important Reminders

- If Prescription Advantage is paying a portion of your Medicare drugs plan's monthly premium, **DO NOT** have your premium automatically deducted from your Social Security check.
- Prescription Advantage helps pay premiums based on the Basic premium amount. If you are responsible for a late enrollment penalty or if you choose to join an Enhanced Medicare drug plan, you will be responsible for paying any additional fees.

If you have any questions regarding *Prescription Advantage*, please call

1-800-AGE-INFO
(1-800-243-4636)
TTY 1-877-610-0241
Monday through Friday
9 a.m. – 5 p.m. EST
Or visit us on the Internet at:
www.800ageinfo.com

HELPFUL RESOURCES

S.H.I.N.E. (Serving Health Information Needs of Elders) – Free individual health insurance counseling available to all people with Medicare.

1-800-AGE-INFO (1-800-243-4636),
Press 2 or
TTY 1-800-872-1066
www.mass.gov/elders

MassMedLine – A resource for prescription drug information and assistance. Pharmacists are available to assist you.

1-866-633-1617
www.massmedline.com

Medicare – For general assistance with your Medicare prescription drug coverage. If you do not have the Medicare & You handbook, contact Medicare to request a copy.

1-800-MEDICARE (1-800-633-4227)
www.medicare.gov